

Adopted	Rejected
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COMMITTEE REPORT

YES:	7
NO:	2

MR. SPEAKER:

Your Committee on **Insurance**, to which was referred Senate Bill 166, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill **be amended** as follows:

- 1 Page 1, between the enacting clause and line 1, begin a new
- 2 paragraph and insert:
- 3 "SECTION 1. IC 27-4-1-4, AS AMENDED BY P.L.131-2007,
- 4 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 5 UPON PASSAGE]: Sec. 4. (a) The following are hereby defined as
- 6 unfair methods of competition and unfair and deceptive acts and
- 7 practices in the business of insurance:
- 8 (1) Making, issuing, circulating, or causing to be made, issued, or
- 9 circulated, any estimate, illustration, circular, or statement:
- 10 (A) misrepresenting the terms of any policy issued or to be
- 11 issued or the benefits or advantages promised thereby or the
- 12 dividends or share of the surplus to be received thereon;
- 13 (B) making any false or misleading statement as to the
- 14 dividends or share of surplus previously paid on similar
- 15 policies;
- 16 (C) making any misleading representation or any

- 1 misrepresentation as to the financial condition of any insurer,
2 or as to the legal reserve system upon which any life insurer
3 operates;
- 4 (D) using any name or title of any policy or class of policies
5 misrepresenting the true nature thereof; or
- 6 (E) making any misrepresentation to any policyholder insured
7 in any company for the purpose of inducing or tending to
8 induce such policyholder to lapse, forfeit, or surrender the
9 policyholder's insurance.
- 10 (2) Making, publishing, disseminating, circulating, or placing
11 before the public, or causing, directly or indirectly, to be made,
12 published, disseminated, circulated, or placed before the public,
13 in a newspaper, magazine, or other publication, or in the form of
14 a notice, circular, pamphlet, letter, or poster, or over any radio or
15 television station, or in any other way, an advertisement,
16 announcement, or statement containing any assertion,
17 representation, or statement with respect to any person in the
18 conduct of the person's insurance business, which is untrue,
19 deceptive, or misleading.
- 20 (3) Making, publishing, disseminating, or circulating, directly or
21 indirectly, or aiding, abetting, or encouraging the making,
22 publishing, disseminating, or circulating of any oral or written
23 statement or any pamphlet, circular, article, or literature which is
24 false, or maliciously critical of or derogatory to the financial
25 condition of an insurer, and which is calculated to injure any
26 person engaged in the business of insurance.
- 27 (4) Entering into any agreement to commit, or individually or by
28 a concerted action committing any act of boycott, coercion, or
29 intimidation resulting or tending to result in unreasonable
30 restraint of, or a monopoly in, the business of insurance.
- 31 (5) Filing with any supervisory or other public official, or making,
32 publishing, disseminating, circulating, or delivering to any person,
33 or placing before the public, or causing directly or indirectly, to
34 be made, published, disseminated, circulated, delivered to any
35 person, or placed before the public, any false statement of
36 financial condition of an insurer with intent to deceive. Making
37 any false entry in any book, report, or statement of any insurer
38 with intent to deceive any agent or examiner lawfully appointed

1 to examine into its condition or into any of its affairs, or any
2 public official to which such insurer is required by law to report,
3 or which has authority by law to examine into its condition or into
4 any of its affairs, or, with like intent, willfully omitting to make a
5 true entry of any material fact pertaining to the business of such
6 insurer in any book, report, or statement of such insurer.

7 (6) Issuing or delivering or permitting agents, officers, or
8 employees to issue or deliver, agency company stock or other
9 capital stock, or benefit certificates or shares in any common law
10 corporation, or securities or any special or advisory board
11 contracts or other contracts of any kind promising returns and
12 profits as an inducement to insurance.

13 (7) Making or permitting any of the following:

14 (A) Unfair discrimination between individuals of the same
15 class and equal expectation of life in the rates or assessments
16 charged for any contract of life insurance or of life annuity or
17 in the dividends or other benefits payable thereon, or in any
18 other of the terms and conditions of such contract; however, in
19 determining the class, consideration may be given to the
20 nature of the risk, plan of insurance, the actual or expected
21 expense of conducting the business, or any other relevant
22 factor.

23 (B) Unfair discrimination between individuals of the same
24 class involving essentially the same hazards in the amount of
25 premium, policy fees, assessments, or rates charged or made
26 for any policy or contract of accident or health insurance or in
27 the benefits payable thereunder, or in any of the terms or
28 conditions of such contract, or in any other manner whatever;
29 however, in determining the class, consideration may be given
30 to the nature of the risk, the plan of insurance, the actual or
31 expected expense of conducting the business, or any other
32 relevant factor.

33 (C) Excessive or inadequate charges for premiums, policy
34 fees, assessments, or rates, or making or permitting any unfair
35 discrimination between persons of the same class involving
36 essentially the same hazards, in the amount of premiums,
37 policy fees, assessments, or rates charged or made for:

38 (i) policies or contracts of reinsurance or joint reinsurance,

1 or abstract and title insurance;

2 (ii) policies or contracts of insurance against loss or damage
3 to aircraft, or against liability arising out of the ownership,
4 maintenance, or use of any aircraft, or of vessels or craft,
5 their cargoes, marine builders' risks, marine protection and
6 indemnity, or other risks commonly insured under marine,
7 as distinguished from inland marine, insurance; or

8 (iii) policies or contracts of any other kind or kinds of
9 insurance whatsoever.

10 However, nothing contained in clause (C) shall be construed to
11 apply to any of the kinds of insurance referred to in clauses (A)
12 and (B) nor to reinsurance in relation to such kinds of insurance.
13 Nothing in clause (A), (B), or (C) shall be construed as making or
14 permitting any excessive, inadequate, or unfairly discriminatory
15 charge or rate or any charge or rate determined by the department
16 or commissioner to meet the requirements of any other insurance
17 rate regulatory law of this state.

18 (8) Except as otherwise expressly provided by law, knowingly
19 permitting or offering to make or making any contract or policy
20 of insurance of any kind or kinds whatsoever, including but not in
21 limitation, life annuities, or agreement as to such contract or
22 policy other than as plainly expressed in such contract or policy
23 issued thereon, or paying or allowing, or giving or offering to pay,
24 allow, or give, directly or indirectly, as inducement to such
25 insurance, or annuity, any rebate of premiums payable on the
26 contract, or any special favor or advantage in the dividends,
27 savings, or other benefits thereon, or any valuable consideration
28 or inducement whatever not specified in the contract or policy; or
29 giving, or selling, or purchasing or offering to give, sell, or
30 purchase as inducement to such insurance or annuity or in
31 connection therewith, any stocks, bonds, or other securities of any
32 insurance company or other corporation, association, limited
33 liability company, or partnership, or any dividends, savings, or
34 profits accrued thereon, or anything of value whatsoever not
35 specified in the contract. Nothing in this subdivision and
36 subdivision (7) shall be construed as including within the
37 definition of discrimination or rebates any of the following
38 practices:

- 1 (A) Paying bonuses to policyholders or otherwise abating their
2 premiums in whole or in part out of surplus accumulated from
3 nonparticipating insurance, so long as any such bonuses or
4 abatement of premiums are fair and equitable to policyholders
5 and for the best interests of the company and its policyholders.
6 (B) In the case of life insurance policies issued on the
7 industrial debit plan, making allowance to policyholders who
8 have continuously for a specified period made premium
9 payments directly to an office of the insurer in an amount
10 which fairly represents the saving in collection expense.
11 (C) Readjustment of the rate of premium for a group insurance
12 policy based on the loss or expense experience thereunder, at
13 the end of the first year or of any subsequent year of insurance
14 thereunder, which may be made retroactive only for such
15 policy year.
16 (D) Paying by an insurer or insurance producer thereof duly
17 licensed as such under the laws of this state of money,
18 commission, or brokerage, or giving or allowing by an insurer
19 or such licensed insurance producer thereof anything of value,
20 for or on account of the solicitation or negotiation of policies
21 or other contracts of any kind or kinds, to a broker, an
22 insurance producer, or a solicitor duly licensed under the laws
23 of this state, but such broker, insurance producer, or solicitor
24 receiving such consideration shall not pay, give, or allow
25 credit for such consideration as received in whole or in part,
26 directly or indirectly, to the insured by way of rebate.
27 (9) Requiring, as a condition precedent to loaning money upon the
28 security of a mortgage upon real property, that the owner of the
29 property to whom the money is to be loaned negotiate any policy
30 of insurance covering such real property through a particular
31 insurance producer or broker or brokers. However, this
32 subdivision shall not prevent the exercise by any lender of the
33 lender's right to approve or disapprove of the insurance company
34 selected by the borrower to underwrite the insurance.
35 (10) Entering into any contract, combination in the form of a trust
36 or otherwise, or conspiracy in restraint of commerce in the
37 business of insurance.
38 (11) Monopolizing or attempting to monopolize or combining or

1 conspiring with any other person or persons to monopolize any
2 part of commerce in the business of insurance. However,
3 participation as a member, director, or officer in the activities of
4 any nonprofit organization of insurance producers or other
5 workers in the insurance business shall not be interpreted, in
6 itself, to constitute a combination in restraint of trade or as
7 combining to create a monopoly as provided in this subdivision
8 and subdivision (10). The enumeration in this chapter of specific
9 unfair methods of competition and unfair or deceptive acts and
10 practices in the business of insurance is not exclusive or
11 restrictive or intended to limit the powers of the commissioner or
12 department or of any court of review under section 8 of this
13 chapter.

14 (12) Requiring as a condition precedent to the sale of real or
15 personal property under any contract of sale, conditional sales
16 contract, or other similar instrument or upon the security of a
17 chattel mortgage, that the buyer of such property negotiate any
18 policy of insurance covering such property through a particular
19 insurance company, insurance producer, or broker or brokers.
20 However, this subdivision shall not prevent the exercise by any
21 seller of such property or the one making a loan thereon of the
22 right to approve or disapprove of the insurance company selected
23 by the buyer to underwrite the insurance.

24 (13) Issuing, offering, or participating in a plan to issue or offer,
25 any policy or certificate of insurance of any kind or character as
26 an inducement to the purchase of any property, real, personal, or
27 mixed, or services of any kind, where a charge to the insured is
28 not made for and on account of such policy or certificate of
29 insurance. However, this subdivision shall not apply to any of the
30 following:

31 (A) Insurance issued to credit unions or members of credit
32 unions in connection with the purchase of shares in such credit
33 unions.

34 (B) Insurance employed as a means of guaranteeing the
35 performance of goods and designed to benefit the purchasers
36 or users of such goods.

37 (C) Title insurance.

38 (D) Insurance written in connection with an indebtedness and

- 1 intended as a means of repaying such indebtedness in the
2 event of the death or disability of the insured.
- 3 (E) Insurance provided by or through motorists service clubs
4 or associations.
- 5 (F) Insurance that is provided to the purchaser or holder of an
6 air transportation ticket and that:
- 7 (i) insures against death or nonfatal injury that occurs during
8 the flight to which the ticket relates;
- 9 (ii) insures against personal injury or property damage that
10 occurs during travel to or from the airport in a common
11 carrier immediately before or after the flight;
- 12 (iii) insures against baggage loss during the flight to which
13 the ticket relates; or
- 14 (iv) insures against a flight cancellation to which the ticket
15 relates.
- 16 (14) Refusing, because of the for-profit status of a hospital or
17 medical facility, to make payments otherwise required to be made
18 under a contract or policy of insurance for charges incurred by an
19 insured in such a for-profit hospital or other for-profit medical
20 facility licensed by the state department of health.
- 21 (15) Refusing to insure an individual, refusing to continue to issue
22 insurance to an individual, limiting the amount, extent, or kind of
23 coverage available to an individual, or charging an individual a
24 different rate for the same coverage, solely because of that
25 individual's blindness or partial blindness, except where the
26 refusal, limitation, or rate differential is based on sound actuarial
27 principles or is related to actual or reasonably anticipated
28 experience.
- 29 (16) Committing or performing, with such frequency as to
30 indicate a general practice, unfair claim settlement practices (as
31 defined in section 4.5 of this chapter).
- 32 (17) Between policy renewal dates, unilaterally canceling an
33 individual's coverage under an individual or group health
34 insurance policy solely because of the individual's medical or
35 physical condition.
- 36 (18) Using a policy form or rider that would permit a cancellation
37 of coverage as described in subdivision (17).
- 38 (19) Violating IC 27-1-22-25, IC 27-1-22-26, or IC 27-1-22-26.1

- 1 concerning motor vehicle insurance rates.
- 2 (20) Violating IC 27-8-21-2 concerning advertisements referring
- 3 to interest rate guarantees.
- 4 (21) Violating IC 27-8-24.3 concerning insurance and health plan
- 5 coverage for victims of abuse.
- 6 (22) Violating IC 27-8-26 concerning genetic screening or testing.
- 7 (23) Violating IC 27-1-15.6-3(b) concerning licensure of
- 8 insurance producers.
- 9 (24) Violating IC 27-1-38 concerning depository institutions.
- 10 (25) Violating IC 27-8-28-17(c) or IC 27-13-10-8(c) concerning
- 11 the resolution of an appealed grievance decision.
- 12 (26) Violating IC 27-8-5-2.5(e) through IC 27-8-5-2.5(j) or
- 13 IC 27-8-5-19.2.
- 14 (27) Violating IC 27-2-21 concerning use of credit information.
- 15 (28) Violating IC 27-4-9-3 concerning recommendations to
- 16 consumers.
- 17 (29) Engaging in dishonest or predatory insurance practices in
- 18 marketing or sales of insurance to members of the United States
- 19 Armed Forces as:
- 20 (A) described in the federal Military Personnel Financial
- 21 Services Protection Act, P.L.109-290; or
- 22 (B) defined in rules adopted under subsection (b).
- 23 **(30) Violating IC 27-8-11-10, IC 27-8-11.1, or IC 27-13-15-5**
- 24 **concerning dialysis treatment.**
- 25 (b) Except with respect to federal insurance programs under
- 26 Subchapter III of Chapter 19 of Title 38 of the United States Code, the
- 27 commissioner may, consistent with the federal Military Personnel
- 28 Financial Services Protection Act (P.L.109-290), adopt rules under
- 29 IC 4-22-2 to:
- 30 (1) define; and
- 31 (2) while the members are on a United States military installation
- 32 or elsewhere in Indiana, protect members of the United States
- 33 Armed Forces from;
- 34 dishonest or predatory insurance practices.
- 35 SECTION 2. IC 27-8-11-10 IS ADDED TO THE INDIANA CODE
- 36 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE
- 37 UPON PASSAGE]: **Sec. 10. (a) The definitions in IC 27-8-11.1 apply**
- 38 **throughout this section.**

(b) An agreement entered into under section 3 of this chapter after April 30, 2008, must provide that if the insurer fails to pay, as specified by the agreement, for health care services rendered at a network dialysis facility, the insured is not liable for any sums owed by the insurer.

SECTION 3. IC 27-8-11.1 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

Chapter 11.1. Dialysis Treatment

Sec. 1. Except as provided in this chapter, the definitions in IC 27-8-11-1 apply throughout this chapter.

Sec. 2. As used in this chapter, "dialysis facility" means an outpatient facility in Indiana at which a dialysis treatment provider renders dialysis treatment.

Sec. 3. As used in this chapter, "insured" refers only to an insured who requires dialysis treatment.

Sec. 4. As used in this chapter, "insurer" includes the following:

- (1) An administrator licensed under IC 27-1-25.
- (2) An agent of an insurer.

Sec. 5. As used in this chapter, "network" refers to a group of providers, each of which has:

- (1) individually; or
- (2) as a member of a group;

entered into an agreement with a particular insurer under IC 27-8-11-3.

Sec. 6. As used in this chapter, "network dialysis facility" means a dialysis facility that has entered into an agreement with a particular insurer under IC 27-8-11-3.

Sec. 7. As used in this chapter, "out of network dialysis facility" means a dialysis facility that has not entered into an agreement with a particular insurer under IC 27-8-11-3.

Sec. 8. As used in this chapter, "policy of accident and sickness insurance" has the meaning set forth in IC 27-8-5-1. The term does not include the following:

- (1) Accident-only, credit, dental, vision, Medicare supplement, long term care, or disability income insurance.
- (2) Coverage issued as a supplement to liability insurance.
- (3) Worker's compensation or similar insurance.

1 **(4) Automobile medical payment insurance.**

2 **(5) A specified disease policy issued as an individual policy.**

3 **(6) A limited benefit health insurance policy issued as an**
 4 **individual policy.**

5 **(7) A short term insurance plan that:**

6 **(A) may not be renewed; and**

7 **(B) has a duration of not more than six (6) months.**

8 **(8) A policy that provides a stipulated daily, weekly, or**
 9 **monthly payment to an insured during hospital confinement,**
 10 **without regard to the actual expense of the confinement.**

11 **Sec. 9. To the extent that IC 27-8-11-4.5(c) and IC 27-8-11-4.5(d)**
 12 **conflict with the requirements of this chapter, IC 27-8-11-4.5(c)**
 13 **and IC 27-8-11-4.5(d) do not apply with respect to the**
 14 **requirements of this chapter.**

15 **Sec. 10. A policy of accident and sickness insurance must**
 16 **provide coverage for dialysis treatment regardless of whether an**
 17 **insured obtains dialysis treatment from a network dialysis facility**
 18 **or an out of network dialysis facility.**

19 **Sec. 11. An insurer that uses a network shall establish a**
 20 **payment rate for a health care service rendered by a dialysis**
 21 **treatment provider at an out of network dialysis facility:**

22 **(1) in consultation with the dialysis treatment provider; and**

23 **(2) based on the following:**

24 **(A) The type of health care service rendered.**

25 **(B) The fees usually charged by the dialysis treatment**
 26 **provider.**

27 **(C) The prevailing rate paid to a dialysis treatment**
 28 **provider by insurers in the same geographic area during**
 29 **the preceding twelve (12) months.**

30 **Sec. 12. In establishing a payment rate under section 11 of this**
 31 **chapter, an insurer shall:**

32 **(1) not consider Medicaid and Medicare payment rates; and**

33 **(2) establish the payment rate at an amount equal to not less**
 34 **than the greatest of the following payment rates paid by the**
 35 **insurer during the previous twelve (12) months:**

36 **(A) The highest payment rate paid to the dialysis treatment**
 37 **provider for health care services rendered at a network**
 38 **dialysis facility.**

1 **(B) The highest payment rate paid to the dialysis treatment**
2 **provider for health care services rendered at an out of**
3 **network dialysis facility.**

4 **(C) The highest payment rate paid to any dialysis**
5 **treatment provider for health care services rendered at a**
6 **network dialysis facility.**

7 **Sec. 13. An insurer may not do any of the following at any time**
8 **after an insured elects coverage under a policy of accident and**
9 **sickness insurance:**

10 **(1) Restrict benefits or increase costs to the insured in relation**
11 **to dialysis treatment, including the insured's out-of-pocket**
12 **expenses.**

13 **(2) Change coverage or benefits in any way that would affect**
14 **dialysis treatment provided at an out of network dialysis**
15 **facility.**

16 **Sec. 14. An insurer shall not do the following:**

17 **(1) Make changes in coverage under a policy of accident and**
18 **sickness in an attempt to cause an insured to elect Medicare**
19 **as the insured's primary coverage.**

20 **(2) Require an insured, as a condition of coverage, to travel**
21 **more than fifteen (15) miles or for longer than thirty (30)**
22 **minutes from the insured's home to obtain dialysis treatment,**
23 **regardless of whether the insured chooses to receive dialysis**
24 **treatment at a network dialysis facility or an out of network**
25 **dialysis facility.**

26 **Sec. 15. An insurer shall do the following:**

27 **(1) Make all claim payments for health care services provided**
28 **by a dialysis treatment provider payable only to the dialysis**
29 **treatment provider and not to the insured, regardless of**
30 **whether the health care services are rendered in a network**
31 **dialysis facility or an out of network dialysis facility.**

32 **(2) File with the department, not later than December 31 of**
33 **each year, an annual evaluation of the following:**

34 **(A) Whether the insurer's network of all dialysis treatment**
35 **providers is sufficient to provide health care services to**
36 **insureds covered under a policy of accident and sickness**
37 **insurance issued by the insurer.**

38 **(B) A detailed analysis of whether the requirements of**

1 section 14(2) of this chapter are reflected in the actual
2 distance and travel time required for insureds to obtain
3 dialysis treatment.

4 (3) Maintain a network that at all times includes not less than
5 fifty percent (50%) of the dialysis facilities in the geographic
6 area in which health care services are provided by the
7 network.

8 Sec. 16. The commissioner shall, not more than thirty (30) days
9 after receiving a filing under section 15(2) of this chapter, approve
10 the filing or make recommendations for changes to the network.

11 Sec. 17. The department may adopt rules under IC 4-22-2 to
12 implement this section.

13 SECTION 4. IC 27-13-1-11.6 IS ADDED TO THE INDIANA
14 CODE AS A NEW SECTION TO READ AS FOLLOWS
15 [EFFECTIVE UPON PASSAGE]: Sec. 11.6. "Dialysis facility"
16 means an outpatient facility in Indiana at which a dialysis
17 treatment provider renders dialysis treatment.

18 SECTION 5. IC 27-13-15-5 IS ADDED TO THE INDIANA CODE
19 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE
20 UPON PASSAGE]: Sec. 5. (a) Notwithstanding IC 27-13-1-12, as
21 used in this section, "enrollee" refers only to an enrollee who
22 requires dialysis treatment.

23 (b) As used in this section, "health maintenance organization"
24 includes the following:

25 (1) A limited service health maintenance organization.
26 (2) An agent of a health maintenance organization or a limited
27 service health maintenance organization.

28 (c) To the extent that IC 27-13-15-1(b) and IC 27-13-15-1(c)
29 conflict with the requirements of this section, IC 27-13-15-1(b) and
30 IC 27-13-15-1(c) do not apply with respect to the requirements of
31 this section.

32 (d) An individual contract or a group contract must provide
33 coverage for dialysis treatment regardless of whether the dialysis
34 facility from which an enrollee obtains dialysis treatment is a
35 participating provider.

36 (e) A health maintenance organization shall establish a payment
37 rate for a health care service rendered by a dialysis treatment
38 provider at a dialysis facility that is not a participating provider:

- (1) in consultation with the dialysis treatment provider; and**
- (2) based on the following:**

- (A) The type of health care service rendered.**

- (B) The fees usually charged by the dialysis treatment provider.**

- (C) The prevailing rate paid to a dialysis treatment provider by health maintenance organizations in the same geographic area during the preceding twelve (12) months.**

(f) In establishing a payment rate under subsection (e), a health maintenance organization shall:

- (1) not consider Medicaid and Medicare payment rates; and**

- (2) establish the payment rate at an amount equal to not less than the greatest of the following payment rates paid by the health maintenance organization during the previous twelve (12) months:**

- (A) The highest payment rate paid to the dialysis treatment provider for health care services rendered at a dialysis facility that is a participating provider.**

- (B) The highest payment rate paid to the dialysis treatment provider for health care services rendered at a dialysis facility that is not a participating provider.**

- (C) The highest payment rate paid to any dialysis treatment provider for health care services rendered at a dialysis facility that is a participating provider.**

(g) A health maintenance organization may not do any of the following at any time after an enrollee elects coverage under an individual contract or a group contract:

- (1) Restrict benefits or increase costs to the enrollee in relation to dialysis treatment, including the enrollee's out-of-pocket expenses.**

- (2) Change coverage or benefits in any way that would affect dialysis treatment rendered at a dialysis facility that is not a participating provider.**

(h) A health maintenance organization shall not do the following:

- (1) Make changes in coverage under an individual contract or a group contract in an attempt to cause an enrollee to elect Medicare as the enrollee's primary coverage.**

(2) Require an enrollee, as a condition of coverage, to travel more than fifteen (15) miles or for longer than thirty (30) minutes from the enrollee's home to obtain dialysis treatment, regardless of whether the enrollee chooses to receive dialysis treatment at a dialysis facility that is a participating provider or a dialysis facility that is not a participating provider.

(i) A health maintenance organization shall do the following:

(1) Make all claim payments for health care services provided by a dialysis treatment provider payable only to the dialysis treatment provider and not to the enrollee, regardless of whether the health care services are provided in a dialysis facility that is a participating provider or a dialysis facility that is not a participating provider.

(2) File with the department, not later than December 31 of each year, an annual evaluation of the following:

(A) Whether the health maintenance organization's network of all dialysis treatment providers is sufficient to provide health care services to enrollees covered under an individual contract or a group contract entered into by the health maintenance organization.

(B) A detailed analysis of whether the requirements of subsection (h)(2) are reflected in the actual distance and travel time required for enrollees to obtain dialysis treatment.

(3) Maintain a participating provider network that at all times includes not less than fifty percent (50%) of the dialysis facilities in the health maintenance organization's service area.

(j) The commissioner shall, not more than thirty (30) days after receiving a filing under subsection (i)(2), approve the filing or make recommendations for changes to the network.

(k) The department may adopt rules under IC 4-22-2 to implement this section."

Page 1, line 1, delete "1. IC 27-1-3-30, AS AMENDED BY P.L.125-2005," and insert "6. IC 27-1-3-30 IS REPEALED".

Page 1, line 2, delete "SECTION 1, IS AMENDED TO READ AS FOLLOWS".

Page 1, line 3, delete ": Sec. 30. (a) As used in this section,

- 1 "accident and" and insert ".".
- 2 Page 1, delete lines 4 through 17.
- 3 Delete pages 2 through 5, begin a new paragraph and insert:
- 4 "SECTION 7. **An emergency is declared for this act.**".
- 5 Renumber all SECTIONS consecutively.
(Reference is to SB 166 as printed January 25, 2008.)

and when so amended that said bill do pass.

Representative Fry